



Updating Financial Eligibility for Patients Whose Benefits Expire During Treatment

Sage Patient Management System:
Services, Data, and Claims

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Patients Whose Benefits Expired During Treatment

Throughout treatment, providers may encounter situations where the patient was admitted to treatment with active DMC, MHLA or other county funding, which was verified at admission, but lose coverage during treatment.

Providers should NOT discharge these patients once they become aware of the loss of benefits. Providers should make every effort to assist the patient with regaining their benefits. If that is not possible, providers must make appropriate referrals and ensure, to the best of their ability, the patients are transferred to an appropriate treatment provider.

Please refer to the most current Provider Manual on situations in which SAPC may be able to reimburse providers, when patients lose either DMC, MHLA or other county funding. The 30-day applying for benefits policy does not apply to losing benefits and reapplying during treatment. Providers are only eligible to utilize this policy upon admission to a program.

After it is confirmed that a patient has lost their benefits, providers must immediately update the Financial Eligibility form before submitting any additional claims. Providers will do this by entering a “Coverage Expiration Date” in the DMC guarantor details page (see figure 1).

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date 12/01/2017
Coverage Expiration Date 06/30/2020	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract [Empty Field]

Figure 1: Adding Coverage Expiration Date for DMC Guarantor with Last Date of Active Coverage

If Medi-Cal was the only available funding (patient does not qualify for other county funding), only adding the “Coverage Expiration Date” would be necessary. Please note the provider will not be reimbursed for services rendered during the time the patient is without benefits.

However, if the patient has additional funding sources through Other County partners (other than MHLA), such as AB 109, Drug Court, JJCPA, or PSSF-TLFR, providers would need to ensure the Cal-OMS Admission form includes all necessary information for all applicable county partners (see figure 2).

Admission Data	
Proposition 36 Participant? No	Source of Referral 12 Step Mutual Aid
Days Waited to Enter Treatment 1	Number of Prior Episodes 1
Is the client a Medi-Cal beneficiary (eligibility determined)? No	Application Submit Date
CIN	Other Funding Programs (Choose all that apply) AB109 Adult Drug Court CalWORKS CalWORKS (API) CalWORKS Detox CalWORKS Family Solution Center DCFS-PSSF (TLFRG) Family Dependency Drug Court General Relief Juvenile In Custody Probation Camp Ctrl+click to choose multiple items If Medi-Cal beneficiary is "Yes" or "Pending", My Health LA cannot be selected
Probation PDJ Number	CalWorks Case Number
Please select camp: -Please Choose One-	Other Camp (Specify):
General Relief Case Number	DCFS Case Number

Figure 2: Cal-OMS Admission Fields Reflecting Other County Funding Partners

For patients who lost their DMC coverage and whose services will now be claimed to a county partner, the Financial Eligibility form should be updated as well to change the order of the guarantors. "LA County-Non DMC" should now be the primary guarantor until Medi-Cal is reactivated as seen in Figure 3. Once reactivated, providers should follow the steps above related to when benefits are established during treatment.

Guarantor Selection	
Change Order	Guarantor Name
↓ ↑	LA County - Non DMC
↓ ↑	CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU
-- Guarantors -- Add Guarantor	

Figure 3: Correcting Primary and Secondary Guarantors order when patient loses DMC.

For patients who lose their MHLA coverage, there will only be one guarantor listed. If there is no other county funding partner to claim to, the same process should occur where the "Coverage Expiration Date" (see figure 4) is entered in the guarantor details page to reflect the known expiration date. Providers should contact the patient's medical home or visit the DHS website at

<http://dhs.lacounty.gov/wps/portal/dhs/mhla> to assist the patient with reinstating their MHLA coverage.

Coverage Information	
Eligibility Verified <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date <input type="text" value="12/01/2017"/>
Coverage Expiration Date <input type="text" value="06/30/2020"/>	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract <input type="text" value="01/01/2000"/>	Expiration Date Of Contract <input type="text"/>

Figure 4: MHLA Guarantor Selection and “Coverage Expiration Date” for Loss of MHLA Benefit